DR. VIJAY MALLYA : Sir, I was quite happy with the reply given by the Minister. He has provided all the details that I was looking for.

MR. CHAIRMAN : Question Hour is over.

WRITTEN ANSWERS TO STARRED QUESTIONS

HIV Epidemics

*523. SHRI GHULAM NABI AZAD : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the reports that serious localized HIV epidemics in different parts of the country are affecting millions of people; and

(b) if so, what steps Government have taken in this regard?

THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) The National AIDS Control Organization, Government of India, conducts Nation wide HIV sentinel surveillance every year during the period August-October, covering both high-risk groups as well as general population. This data is used for both, to monitor the trends of HIV infection in different risk groups and to estimate the burden of HIV infections in the country in the adult population. The last HIV sentinel surveillance round conducted in year 2002 included 384 Sentinel sites located in differet parts of the country. These sites include 166 sites in Sexually Transmitted Disease (STD) clinics, 13 sites for Intravenous Drug Users (IDUs), 3 sites for Men having Sex with Men (MSM), 2 sites for Commercial Sex Workers (CSWs) and 200 sites located in antenatal clinics representing general population. Based on the consistent high prevalence in high-risk groups as well as among pregnant women attending antenatal clinics, 49 districts have been identified as high prevalence districts. This indicates that there is no uniform spread of HIV infection, and localized high prevalence is occurring in different parts of the country. The estimated number of HIV infections in the country is about 4 million.

In order to prevent and control the spread of HIV/AIDS in India, Government of India has launched a comprehensive National AIDS Control Programme, currently under implementation throughout the country as a centrally sponsored scheme with the following components:

- Preventive interventions for high risk population through targeted interventions adopting a multi-pronged strategy including - counseling and behaviour change communication.

- Preventive interventions for the general population through grammes for blood safety, voluntary counseling and testing services, prevention of parent to child transmission of HIV, Information Education and Communication (IEC) & awareness building among adolescents and sensitization for the AIDS Vaccine Initiative.

- Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.

- Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-prival . nerships.

- Building technical and managerial capacities for programme implementation through Surveillance, Training, Monitoring and Evaluation, Technical resource groups, operational research and Programme management.

Benefits for the BPL families

*524. SHRI MATILAL SARKAR: Will the Minister of URBAN DEVELOPMENT AND POVERTY ALLEVIATION be pleased to state :

(a) the percentage of people living below the poverty line on an average in the country and also in different States and Union Territories;

(b) the benefits that are extended to these BPL families; and

(c) the effect of the benefits on the reduction of percentage of BPL families during the last three years?

THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION (SHRI ANANTH KUMAR) : (a) State-wise details of the percentage of people, living below the poverty line, in the country, as estimated by the Planning Commission for the year 1999-2000, are k» the Statement. *{See* below/

(b) Ministry of Urban Development & Poverty Alleviation has been